

Reference Number: 104-02-DD

Title of Document ICF/MR Conversion Protocol

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Last Review Date: February 25, 2004
Date of Last Revision: February 25, 2004

Applicability: DDSN Contracted Providers

PURPOSE:

To clarify procedures for converting the license of an Intermediate Care Facility for the Mentally Retarded (ICF/MR) to a Community Residential Care Facility (CRCF), or Community Training Home II (CTH II).

I. ICF/MR TO CRCF CONVERSION

A. RESOURCE INFORMATION

NOTE: DO NOT REQUEST AN ON-SITE INSPECTION FROM DHEC PRIOR TO STEP #8 BELOW.

1. Contact the Department of Health & Environmental Control (DHEC), Division of Health Licensing, (803) 545-4370, to obtain information or answer questions relating to:
 - a. CRCF Application;
 - b. Regulation 61-84;
 - c. Regulation 61-25;
 - d. Exception Form & Listing of State-Wide Exceptions; and
 - e. Procedures for Licensing a CRCF.

This information can be obtained from their web site at
<http://www.scdhec.gov/hr/licen/>

2. Contact DHEC, Division of Health Facilities Construction, (803) 545-4663, to obtain, or answer questions relating to:

- a. Applicable building codes;
- b. State-wide Exceptions;
- c. Plan Review Checklist;
- d. Documentation required for Construction;
- e. Documentation required for Final Inspection; and
- f. Architectural & Engineering Guidelines for Design Professionals.

This information can be obtained from their web site at
<http://www.scdhec.gov/hr/constr/>

3. Contact your local disaster preparedness agency or DHEC Health Licensing (803) 545-4261 to obtain, or answer questions relating to Emergency Disaster Plan requirements. The requirements are noted at
<http://www.scdhec.gov/hr/licen/hlmemo12.htm>
4. Contact the Department of Labor, Licensing & Regulation, and Board of Long Term Care Administrators, (803) 896-4544, to obtain, or answer questions relating to CRCF Administrator requirements. This information can be obtained from their web site at:
<http://www.llr.state.sc.us/POL/LongTermHealthCare/>
5. Contact DDSN, Division of Adults Supports (803) 898-9704, to obtain, or answer questions relating to procedures for MR/RD Waiver Slot Allocation and Enrollment.

B. DDSN REVIEW (PART 1)

6. Develop a written conversion plan, approved by board members, outlining:
 - a. The justification;
 - b. Acknowledgement that consumers agree to receive MR/RD Waiver services; and meet CRCF level of care criteria;
 - c. Current and projected budgets; and
 - d. Additional operational and/or capital cost/savings.

Note: All consumers who will be living in the CRCF, and who are already assigned a funding band will retain their funding band. New consumers from a regional center will be funded at a Band E Level. New consumers from the community will be assigned a Band D Level unless otherwise justified.

Once developed, send the written conversion plan to your local DDSN District Director of Community Services. When approved, the District Director of Community Services will send the

plan (along with his/her recommendation) to DDSN Central Office, Division of Cost Analysis & Community Contracts. Plans not approved by the DDSN District Director of Community Services, will be returned (along with written justification) to the Provider for further consideration.

The Division of Cost Analysis & Community Contracts will forward the plan to the Division of Mental Retardation, Office of Adults Supports for review. At this time, the Division of Mental Retardation, Office of Adults Supports may schedule an on-site review of the facility to assess compliance with programmatic concerns. When approved, the plan (along with a written justification) will be returned to the Division of Cost Analysis. Plans not approved by the Division of Mental Retardation, Office of Adults Supports will be returned (along with written justification) to the Provider for further consideration.

The Division of Cost Analysis & Community Contracts will forward the plan to the Director of Budget & Engineering for review. At this time, the DDSN Engineering & Planning Division may schedule an on-site review of the facility to assess compliance with building and fire-safety codes that may impact the projected cost of the conversion. After the on-site review, the Director of Budget & Engineering will return the plan (along with a written recommendation) to the Director of Cost Analysis & Community Contracts Division.

When approved by the Director, Division of Cost Analysis & Community Contracts, he/she will notify the Provider in writing that the plan has received final approval by DDSN.

When the plan is not approved by the Directors of Cost Analysis & Community Contracts, it will be reviewed by the DDSN Associate State Director of Policy and Deputy State Director of Administration prior to being returned to the Provider (along with written justification) by the Director of Cost Analysis & Community Contracts Division.

C. DHEC REVIEW (PART 1)

7. Once you receive notice that your conversion plan has been approved by DDSN, submit a written request for a "plan review" to your regional DHEC Health Construction inspector as noted in Attachment A. Questions regarding what documents will be required during the "plan review" should be direct to your regional DHEC Health Construction inspector as noted in Attachment A. This information can be obtained from their web site at <http://www.scdhec.gov/hr/constr/>

Also at this time, submit the documents noted in Attachment B to your DHEC Health Licensing inspector noted in Attachment C.

8. After the DHEC Health Construction inspector receives the request, they will inform you of the time/date/place of the "plan review". When you are informed of the time/date/place of the "plan review", contact DDSN Engineering & Planning Division (803-898-9796), so that a DDSN Engineer can attend the "plan review".

9. After the "plan review", your regional DHEC Health Construction inspector will schedule an on-site inspection of the facility. Again, contact DDSN Engineering & Planning Division (803-898-9796), so that a DDSN Engineer can attend the on-site inspection. Questions regarding what documents will be required during the inspection should be directed at your regional DHEC Health Construction inspector as noted in Attachment A.
10. When the facility meets the DHEC Health Facilities Construction requirements, DHEC Health Facilities Construction will issue an affidavit to the Division of Health Licensing.

D. DHEC REVIEW (Part 2)

11. Make sure the facility complies with Regulation 61-84. Pay close attention to Sections: 2701; 2702; 2704; 2715; 2717.E; 1300; 1700; 1601; 1703; 2716.C; 2717; 2200; 501.F; 1001.A.B; 903.E; 1402; 1307.A; 903.D; 1306.C; 1401.A; 502.A; 401.A.B; 901.A; 1201.A; 704.
12. Your regional DHEC Health Licensing inspector within the Division of Health Licensing will contact you to schedule an on-site inspection.
13. When the facility passes the DHEC Health Licensing review, you will be issued an effective date/license to operate a CRCF. At this time, a check or money order payable to DHEC (\$10 per licensed bed, or \$75 for 7 or less beds) should be submitted to your regional DHEC Health Licensing inspector within the Division of Health Licensing.
14. Once the CRCF license has been issued, return the original ICF/MR license, with an explanation as to why the license is being returned; date of the conversion, logistics of consumer moves and where previous ICF/MR records will be maintained to: Director, DHEC Division of Health Licensing 2600 Bull Street Columbia, SC 29201; and copy

ICF/MR Program Manager Supervisor, DHEC Certification Branch, 2600 Bull Street Columbia, SC 29201.
15. Notify the DDSN Director of Cost Analysis at 803-898-9806, to initiate a change in your DDSN/Provider contract.

II. ICF/MR to CTH CONVERSION:

A. RESOURCE INFORMATION

1. Contact DDSN (803) 898-9691, to obtain DDSN residential standards and licensing application form.

The residential standards, licensing application, as well as all DDSN policies form can be obtained from the following website at: <http://ext.ddsn.sc.gov>. For DDSN residential standards move the cursor over "Quality Assurance/Quality Improvement" and select "Quality Assurance", then move the cursor over "Licensing", and select "Residential Habilitation Standards". For the DDSN licensing application, click on "Policies, Directives & Procedures" then search for DDSN Policy 104-01-PD. The licensing application is an attachment to DDSN Policy 104-01-PD. If you have any question concerning access to the web site, please call (803) 898-9618.

2. Contact DDSN, Division of Adults Supports (803) 898-9704, for questions related to procedures for MR/RD Wavier Slot Allocation and Enrollment.

B. DDSN REVIEW (PART 1)

3. Develop a written conversion plan, approved by board members, outlining: the justification; acknowledgement that consumers agree to receive MR/RD Wavier services; current and projected budgets and additional operational and/or capital cost/savings. Note: All consumers who will be living in the CTH II, and who are already assigned a funding band will retain their funding band. New consumers from a regional center will be funded at a Band E Level. New consumers from the community will be assigned a Band D Level unless otherwise justified.
4. Send the written conversion plan to the DDSN District Director of Community Services. When approved, the District Director of Community Services will send the plan (along with his/her recommendation) to DDSN Central Office, Division of Cost Analysis & Community Contracts. Plans not approved by the DDSN District Director of Community Services, will be returned (along with written justification) to the Provider for further consideration.

The Division of Cost Analysis & Community Contracts will forward the plan to the Division of Mental Retardation, Office of Adults Supports for review. At this time, the Division of Mental Retardation, Office of Adults Supports may schedule an on-site review of the facility to assess compliance with programmatic concerns. When approved, the plan (along with a written justification) will be returned to the Division of Cost Analysis. Plans not approved by the Division of Mental Retardation, Office of Adults Supports will be returned (along with written justification) to the Provider for further consideration.

The Division of Cost Analysis & Community Contracts will forward the plan to the Director of Budget & Engineering for review. At this time, the DDSN Engineering & Planning Division may schedule an on-site review of the facility to assess compliance with building and fire-safety codes that may impact the projected cost of the conversion. After the on-site review, the Director of Budget & Engineering will return the plan (along with a written recommendation) to the Director of Cost Analysis & Community Contracts Division. When approved by the Director, Division of Cost Analysis & Community Contracts, he/she will notify the Provider in writing

that the plan has received final approval by DDSN.

When the plan is not approved by the Director of Cost Analysis & Community Contracts Division, it will be reviewed by the DDSN Associate State Director of Policy and Deputy State Director of Administration prior to being returned to the Provider (along with written justification) by the Director of Cost Analysis & Community Contracts Division.

C. DDSN REVIEW (PART 2)

5. Once the conversion plan has been approved by DDSN, a CTH II application should be submitted to: DDSN Division of Quality Assurance 3440 Harden Street Extension Columbia, SC 29240.
6. DDSN Division of Quality Assurance will notify you of the on-site inspection date/time.
7. Once a CTH II license and/or certificate has been issued, return the original ICF/MR license, with an explanation as to why the license is being returned; date of the conversion, logistics of consumer moves and where previous ICF/MR records will be maintained, to:

Director, DHEC Division of Health Licensing 2600 Bull Street Columbia, SC 29201;
and copy to:

ICF/MR Program Manager Supervisor, DHEC Certification Branch, 2600 Bull Street Columbia, SC 29201

8. Notify the DDSN Director of Cost Analysis & Community Contracts Division at 803-898-9806, to initiate a change in your DDSN/Provider contract

Kathi K. Lacy, Ph.D.
Associate State Director
Policy
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Attachments:

Attachment A - [DHEC HEALTH FACILITIES CONSTRUCTION INSPECTORS](#)

Attachment B - [REQUIRED DOCUMENTS FOR DHEC HEALTH LICENSING](#)

Attachment C - [DHEC HEALTH LICENSING INSPECTORS](#)